

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | | |
|---|----------------------|------------------------|-----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/658,537 | |
| | Filing Date | September 9, 2000 | |
| | First Named Inventor | Paton, Adrienne W. | |
| | Art Unit | 1635 | |
| | Examiner Name | Whiteman, Brian A. | |
| Total Number of Pages in This Submission | 26 | Attorney Docket Number | 019957-014500US |

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JUN 06 2003
TECH CENTER 1600/2800**ENCLOSURES (Check all that apply)**

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|--------------------|---|-----------------|
| Firm or Individual | Townsend and Townsend and Crew LLP Beth L. Kelly | Reg. No. 51,868 |
| Signature | | |
| Date | May 29, 2003 | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|-----------------------|------|--------------|
| Typed or printed name | Jo Ann Honcik Dallara | | |
| Signature | | Date | May 29, 2003 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 430

Application Number 09/658,537
Filing Date September 9, 2000
First Named Inventor Paton, Adrienne W.
Examiner Name Whiteman, Brian A.
Art Unit 1635
Attorney Docket No. 019957-014500US

Complete if Known

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ MoneyOrder ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number

20-1430

Deposit
Account
Name

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|----------|----------|----------|----------|------------------------|
| 1001 | 750 | 2001 | 375 | Utility filing fee |
| 1002 | 330 | 2002 | 165 | Design filing fee |
| 1003 | 520 | 2003 | 260 | Plant filing fee |
| 1004 | 750 | 2004 | 375 | Reissue filing fee |
| 1005 | 160 | 2005 | 80 | Provisional filing fee |

Fee Paid

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Extra Claims | Fees from below | Fee Paid |
|----------------------|--------------|----------------------|----------------------|
| <input type="text"/> | -- | <input type="text"/> | <input type="text"/> |
| Independent Claims | -- | <input type="text"/> | <input type="text"/> |
| Multiple Dependent | X | <input type="text"/> | <input type="text"/> |

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|----------|----------|----------|----------|--|
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 |
| 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid |
| 1204 | 84 | 2204 | 42 | ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code Fee (\$)

1051 130 2051 65

1052 50 2052 25

1053 130 1053 130

1812 2,520 1812 2,520

1804 920* 1804 920*

1805 1,840* 1805 1,840*

1251 110 2251 55

1252 410 2252 205

1253 930 2253 465

1254 1,450 2254 725

1255 1,970 2255 985

1401 320 2401 160

1402 320 2402 160

1403 280 2403 140

1451 1,510 1451 1,510

1452 110 2452 55

1453 1,300 2453 650

1501 1,300 2501 650

1502 470 2502 235

1503 630 2503 315

1460 130 1460 130

1807 50 1807 50

1806 180 1806 180

8021 40 8021 40

1809 750 2809 375

1810 750 2810 375

1801 750 2801 375

1802 900 1802 900

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$430)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Beth L. Kelly

Registration No. (Attorney/Agent)

51,868

Telephone

415-576-0200

Signature

Beth L. Kelly

Date

May 29, 2003

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